

## Monthly Insurance Premiums (July 1, 2021 - June 30, 2022) Full-time Non-Exempt Employees

UHC - Choice	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$777.77	\$777.77	\$0.00	\$0.00
Employee + Spouse	\$1,734.40	\$1,387.52	\$346.88	\$173.44
Employee + Child(ren)	\$1,454.40	\$1,163.52	\$290.88	\$145.44
Family	\$2,278.83	\$1,823.06	\$455.77	\$227.88

UHC - Choice Plus	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$810.99	\$777.77	\$33.22	\$16.61
Employee + Spouse	\$1,808.51	\$1,387.52	\$420.99	\$210.50
Employee + Child(ren)	\$1,516.55	\$1,163.52	\$353.03	\$176.52
Family	\$2,376.18	\$1,823.06	\$553.12	\$276.56

		<b>City Monthly</b>	<b>Employee Monthly</b>	<b>Employee Per Pay</b>
UHC - HSAChoice	<b>Monthly Premium</b>	Payment	Payment	Period
Employee Only	\$564.34	\$564.34	\$0.00	\$0.00
Employee + Spouse	\$1,258.47	\$1,258.47	\$0.00	\$0.00
Employee + Child(ren)	\$1,055.31	\$1,055.31	\$0.00	\$0.00
Family	\$1,653.50	\$1,653.50	\$0.00	\$0.00

UHC - Dental Low	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$23.54	\$23.54	\$0.00	\$0.00
Employee + Spouse	\$47.02	\$37.62	\$9.40	\$4.70
Employee + Child(ren)	\$47.02	\$37.62	\$9.40	\$4.70
Family	\$89.07	\$71.26	\$17.81	\$8.91

UHC - Dental High	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$40.72	\$23.54	\$17.18	\$8.59
Employee + Spouse	\$80.33	\$37.62	\$42.71	\$21.36
Employee + Child(ren)	\$80.33	\$37.62	\$42.71	\$21.36
Family	\$142.54	\$71.26	\$71.28	\$35.64

		<b>City Monthly</b>	<b>Employee Monthly</b>	Employee Per Pay
<b>Ameritas Vision</b>	<b>Monthly Premium</b>	Payment	Payment	Period
Employee Only	\$6.32	\$6.32	\$0.00	\$0.00
Employee + Spouse	\$14.48	\$11.58	\$2.90	\$1.45
Employee + Child(ren)	\$12.36	\$9.89	\$2.47	\$1.24
Family	\$20.52	\$16.42	\$4.10	\$2.05